

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		8/20/01
O.I.P.E. CLASSIFIER		932 10	8-24-01
FORMALITY REVIEW	fit		09-25-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	20	13
2	✓	02	03
3	✓		
4	✓		
5	✓		
6	✓		
7	✓		
8	✓		
9	0		
10	✓		
11	✓		
12	✓		
13	✓		
14	✓		
15	N	N	
16	N	N	
17	N	N	
18	N	N	
19	N	N	
20	N	N	
21	N	N	
22	N	N	
23	N	N	
24	N	N	
25	N	N	
26	N	N	
27	N	N	
28	N	N	
29	N	N	
30	N	N	
31	✓	✓	
32	✓	✓	
33	✓	✓	
34	✓	✓	
35	✓	✓	
36	✓	✓	
37	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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9/25/01